| CLAIMS ONLY | | | | | | | | | Application Number 393 Filing Date Applicant(s) | | | | | | |
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| | | | | | | | | May be used for additional claims or amendments | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | 1 | | | | | | | | |
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| Depend | 1/5 | | 1 | - | | · | | Depend | | | 1 | | | • | |
| Total | 177 | 1 | 1 | T | 1 | | | Total | | | | 1 | | | |
| Clalms | 14 | <u> </u> | <u> </u> | <u> </u> | <u></u> | <u></u> | | Claims | | ــــــــــــــــــــــــــــــــــــــ | <u> </u> | <u> </u> | J | ـــنــبـــــــــــــــــــــــــــــــ | |
| Total Depend Total | 3 4 | | _ | | | | | Indep Total Depend | | | | <u> </u> | | | |